Supplementary file 1: AMETIS trial data collection

At randomisation: Date and time of actual hospital admission, Transfer from another hospital: Y/N, Demographic data (age, height, gender and body mass index), comorbidities (hypertension: Y/N, renal failure: Y/N, cardiac failure: Y/N, diabetes mellitus: Y/N, alcohol abuse: Y/N, active smoking: Y/N, chronic obstructive pulmonary disease: Y/N), ongoing respiratory infection: Y/N, anticoagulation therapy: Y/N, antiplatelet therapy: Y/N, NIHSS score (stratification variable), premorbid mRS, brain imaging used for patient selection with corresponding ASPECT score (MRI: Y/N, AngioCT: Y/N, PerfusionCT: Y/N)[1,2], associated cervical vascular imaging: Y/N, localisation of AIS, intravenous thrombolysis (stratification variable) : Y/N, wake-up stroke: Y/N.

Intraoperative anaesthetic data: date and time of CS/GA, type (Propofol: Y/N, Thiopental: Y/N, Etomidate: Y/N, Midazolam: Y/N, Ketamine: Y/N, inhaled anaesthetics: Y/N, Sufentanil: Y/N, Remifentanil: Y/N, Succinylcholine: Y/N, Atracurium: Y/N, Cisatracurium: Y/N, Rocuronium: Y/N or others) and dose of anaesthetic drugs used, systolic, diastolic and mean arterial blood pressure every 5 minutes until 30 minutes and then every 10 minutes until the end of procedure, hypotension:Y/N (defined as one episode of systolic blood pressure < 120 mmHg during the prespecified time points of blood pressure measurement),[3] maximal blood pressure difference defined as maximal preintervention systolic blood pressure minus minimal perprocedural systolic blood pressure, intraprocedural maximal systolic and diastolic blood pressure, intraprocedural minimal systolic and diastolic blood pressure, pulse oxymetry every 5 minutes for 30 minutes and then every 10 minutes until the end of procedure, RASS score before arterial puncture and at the end of procedure before CS/GA removal, duration of CS or GA, volume of fluids used, type (Norepinephrine: Y/N, Ephedrine: Y/N, Phenylephrine: Y/N or others) and dose of vasoconstrictor if any, type (Nicardipine: Y/N, Urapidil: Y/N or others) and dose of antihypertensive drugs if any, intraprocedural complications (nausea: Y/N,

vomiting: Y/N, aspiration: Y/N, anaphylaxis: Y/N or others), tracheal intubation complication: Y/N, CS conversion to GA: Y/N, feasibility score estimated by the anaesthesiologist at the end of procedure.

Intraoperative neurological and radiological data: date and time of groin puncture and reperfusion if any, date and time of end of procedure (defined as the last set of radiological images), devices used for procedure (stent retrievers: Y/N, contact aspiration: Y/N, intra-arterial thrombolysis: Y/N, stenting: Y/N or others), number of desobstruction attempts, intervention-associated vessel complications (arterial dissection: Y/N, arterial perforation: Y/N, groin hematoma: Y/N, embolization in another arterial territory: Y/N), mTICI score at the end of procedure (ranging from 0 (no perfusion) to 3 (full perfusion with filling of all distal branches)), agitation during procedure (define as a RASS score > +1 at any moment (restless to combative patient) : Y/N), procedure difficulty associated with patient movement: Y/N, complexity of arterial catheterisation: Y/N, altered quality of images: Y/N, feasibility score estimated by the radiologist at the end of procedure.

Procedural time delays: Stroke onset to door delay is time from stroke symptom (or last time seen well for wake-up strokes) to actual hospital admission, Door to groin puncture delay is time from actual hospital admission to groin puncture, Stroke onset to groin puncture delay is time from stroke symptom (or last time seen well for wake-up strokes) to groin puncture, Door to reperfusion delay is time from actual hospital admission to reperfusion, GA/CS induction to groin puncture delay is time from administration of the first anaesthetic/sedative agent to groin puncture, Duration of the procedure is time from groin puncture to end of procedure (defined as the last set of radiological images), Stroke onset to reperfusion delay is time from stroke symptom (or last time seen well for wake-up strokes) to reperfusion (if any).

Postoperative data at day 1 and by day 7 or hospital discharge if prior: NIHSS, groin hematoma: Y/N, pneumonia treated with antibiotics: Y/N, myocardial infarction: Y/N, acute

cardiogenic pulmonary oedema (defined as evidence of fluid accumulation in the alveoli due to poor cardiac function)[4]: Y/N, extra pulmonary infection: Y/N, venous thromboembolism: Y/N, new event of AIS: Y/N, epilepsy: Y/N, gastrointestinal bleeding or other symptomatic bleeding: Y/N, malignant stroke evolution: Y/N, symptomatic intracranial haemorrhage: Y/N, stroke unit and hospital length of stay, unexpected intensive care unit admission: Y/N, care limitation/palliation: Y/N, mortality: Y/N, patient acceptability score.

Postoperative data at day 90: mRS score, hospital length of stay, mortality: Y/N.

1. Pexman JH, Barber PA, Hill MD, et al. Use of the Alberta Stroke Program Early CT Score (ASPECTS) for assessing CT scans in patients with acute stroke. *AJNR American journal of neuroradiology* 2001; 22(8): 1534-42.
2. Schroder J, Thomalla G. A Critical Review of Alberta Stroke Program Early CT Score for Evaluation of Acute Stroke Imaging. *Frontiers in neurology* 2016; 7: 245.
3. Schonenberger S, Uhlmann L, Hacke W, et al. Effect of Conscious Sedation vs General Anesthesia on Early Neurological Improvement Among Patients With Ischemic Stroke Undergoing Endovascular Thrombectomy: A Randomized Clinical Trial. *Jama* 2016; 316(19): 1986-96.
4. Jammer I, Wickboldt N, Sander M, et al. Standards for definitions and use of outcome measures for clinical effectiveness research in perioperative medicine: European Perioperative Clinical Outcome (EPCO) definitions: a statement from the ESA-ESICM joint taskforce on perioperative outcome measures. *European journal of anaesthesiology* 2015; 32(2): 88-105.